

## PART B - FEE(S) TRANSMITTAL



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42419 7590 05/29/2009

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09/01/2009 HDESTA2 00000028 10576039

01 FC:2501 755.00 OP  
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<b>Douglas H. Pauley</b>	(Depositor's name)
<i>[Signature]</i>	(Signature)
<b>27 AUG 2009</b>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/576,039	04/14/2006	Mikhail Vladimirovich Kutushov	VO-764	9536

TITLE OF INVENTION: SYSTEM FOR CORRECTING BIOLOGICAL FLUID

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	08/31/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
DEAK, LESLIE R	3761	604-005040

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**Pauley Petersen & Erickson**  
 1  
 2  
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Evgeny Pavlovich Germanov**

**Moscow, Russia**

**Mikhail Vladimirovich Kutushov**

**Moscow, Russia**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☒ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies **10**

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- ☒ A check is enclosed. **(\$1085.00)**
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- ☒ The Director is hereby authorized to charge **19-3550** any deficiency, or credit any overpayment, to Deposit Account Number **19-3550** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date

Typed or printed name

Registration No.

**Douglas H. Pauley**

**33,295**

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